

## AFFIDAVIT OF PERSON HAVING KNOWLEDGE OF APPLICANTS GOOD MORAL CHARACTER

**To:** *Internal Audit & License Division, Finance*  
*330 W. Ponce de Leon Ave*  
*2<sup>nd</sup> Floor.*  
*Decatur, GA 30030*

**Re: Applicant's Name:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City, State & Zip** \_\_\_\_\_

*DeKalb County Code Section 15-269(3) requires at least three sworn affidavits of DeKalb County residents who personally knows the applicant and believes the person is of good moral character.*

I, \_\_\_\_\_, do hereby certify as to the good moral character of

(Applicant's Name) \_\_\_\_\_,

with whom I have been acquainted or have known since \_\_\_\_\_, \_\_\_\_\_

**Please print your name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City, State & Zip** \_\_\_\_\_

**Home & Business#** \_\_\_\_\_

*DeKalb County Code requires this statement to be notarized and signed under oath. The person signing this form shall be subject to the penalties of false swearing.*

\_\_\_\_\_  
**Signature of DeKalb Resident**

\_\_\_\_\_  
**Date**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_.

\_\_\_\_\_  
**Notary Public Signature and Seal**

\_\_\_\_\_  
**Date**